

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

State File No. 16818  
Registrar's No. 4296

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County: \_\_\_\_\_  
(b) City or town: St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Pacific 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: \_\_\_\_\_  
In this community: 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: George Eilers 462

3. (b) If veteran, name war: no 3. (c) Social Security number: 702-126748

4. Sex: Male 5. Color or race: White 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Julia C. Eilers 6. (c) Age of husband or wife if alive: 56 years  
7. Birth date of deceased: May 16 1980 (Month) (Day) (Year)

8. AGE: Years: 59 Months: 11 Days: 27 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: St. Louis (City, town, or county) Ill. (State or foreign country)

10. Usual occupation: Engineer 9

11. Industry or business: \_\_\_\_\_ 9

12. Name: unknown 9

13. Birthplace: unknown (City, town, or county) (State or foreign country)

14. Maiden name: unknown  
15. Birthplace: unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Julia C. Eilers

(b) Address: 4486 Birch

17. (a) Cremation (b) Date thereof: 5-16-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Oak Grove Cemetery

18. (a) Signature of funeral director: H. J. Lindner

(b) Address: 1417 N. Market St.

19. (a) MAY 14 1940 (b) J. B. Brebeck  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: \_\_\_\_\_  
(c) City or town: St. Louis 7  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 4486 Birch  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.: \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 13  
year: 1940 hour: 4 minute: 55 p.m.

21. I hereby certify that I attended the deceased from May 9, 1940 to May 13, 1940  
that I last saw him alive on May 13, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of pancreas with general metastases  
Duration: 8 mos.

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: H.K.  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of pancreas

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

23. Signature: Dean Thompson (M. D. or other) \_\_\_\_\_  
Address: Missouri Pacific Bldg Date signed: 5/13/40

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed Horner L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**